

TREATMENT PROTOCOL: PEDIATRIC SEIZURE *

Basic airway

2. Spinal immobilization prn
3. Oxygen/pulse oximetry
4. Assist respirations with bag-valve-mask prn using "squeeze-release-release" technique
5. Advanced airway prn:

ET tube placement approved for patients who are:

12yrs of age or older **or** weight equal to or greater than 40kg;

King airway approved as a rescue airway for patients who are:

12yrs of age or older **and** 4 feet tall

6. Cardiac monitor prn: document rhythm and attach ECG strip if dysrhythmia identified
7. Venous access prn
8. Perform blood glucose test (specially for non-febrile seizure)

If blood glucose is less than 60mg/dl:

Consider oral glucose preparation, if patient is awake and alert

Dextrose

2yrs of age and younger: Dextrose 25% 2ml/kg slow IV push

2 yrs of age and older: Dextrose 50% 1ml/kg slow IV push up to 50ml

If unable to obtain venous access:

Glucagon

1mg IM

9. Provide cooling measures prn (remove blankets, remove clothing)
10. If patient is still actively seizing (may include tonic and/or clonic activity or focal seizure with altered level of consciousness)

Midazolam

Up to 0.1mg/kg slow IV push, titrate to control seizure activity

0.1mg/kg IM or IN if unable to obtain venous access

Be prepared to assist ventilations with bag-valve-mask

11. If hypoventilation with suspected narcotic overdose

Naloxone

0.1mg/kg IV push, titrate to adequate respiratory rate and tidal volume

0.1mg/kg IM or IN, if strong suspicion of narcotic overdose

12. **CONTINUE SFTP or BASE CONTACT**

13. If active seizure continues:

Midazolam

0.1mg/kg slow IV push, titrate to control seizure activity

0.1mg/kg IM or IN if unable to obtain venous access

Total maximum dose 5mg

14. If blood glucose remains less than 60mg/dl:

Dextrose

2yrs of age and younger: Dextrose 25% 1ml/kg slow IV push

2yrs of age and older: Dextrose 50% 1ml/kg slow IV push up to 50ml

If unable to obtain venous access

Glucagon

1mg IM

